

Postpartum Depression: Can Participation in a Psychoeducational Group Therapy Program Help Mothers Better Cope with Their Symptoms?

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ABSTRACT

Up to 15% of mothers experience postpartum depression (PPD) symptoms. Using a pre—post design, results from two 8-week psychoeducational group programs for mothers with moderate levels of PPD symptoms are presented. Findings show the low-cost program to be a promising secondary preventative intervention for an undertreated population.

Keywords: postpartum depression, mothers, effectiveness of a prevention group

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RÉSUMÉ

Jusqu'à 15 % des mères éprouvent des symptômes de dépression postpartum (DPP). En utilisant un modèle pré-post, les résultats de deux groupes psychoéducatifs observés sur une période de 8 semaines pour les mères ayant des symptômes modérés de DPP sont présentés. Les résultats montrent que le programme à faible coût est une intervention secondaire préventive prometteuse pour une population recevant peu de traitements.

Mots clés : dépression postpartum, mères, efficacité d'un groupe de prévention

Research has shown that up to 15% of mothers who give birth will experience symptoms of postpartum depression (PPD; Brummelte & Galea, 2016). As a result of PPD, the relationship mothers have with their infant can be significantly impacted psychologically and biologically (Brummelte & Galea, 2016). In addition, the ability of pediatricians to recognize PPD and provide useful resources to new mothers is a problem (Wittenburg et al., 2018). In this context, there is frequently a lack of mental health services in many communities focused on PPD. However, there are some interventions that are known to be effective for women with PPD. For example, group programs are a form of mental health interventions that appear to have a positive outcome on PPD symptoms. A review conducted by Werner et al. (2015) found that short-term psychological interventions in a group setting can have significant positive effects in decreasing the symptoms associated with PPD.

Description of the MOMs Group Offered in a Community-Based Clinic

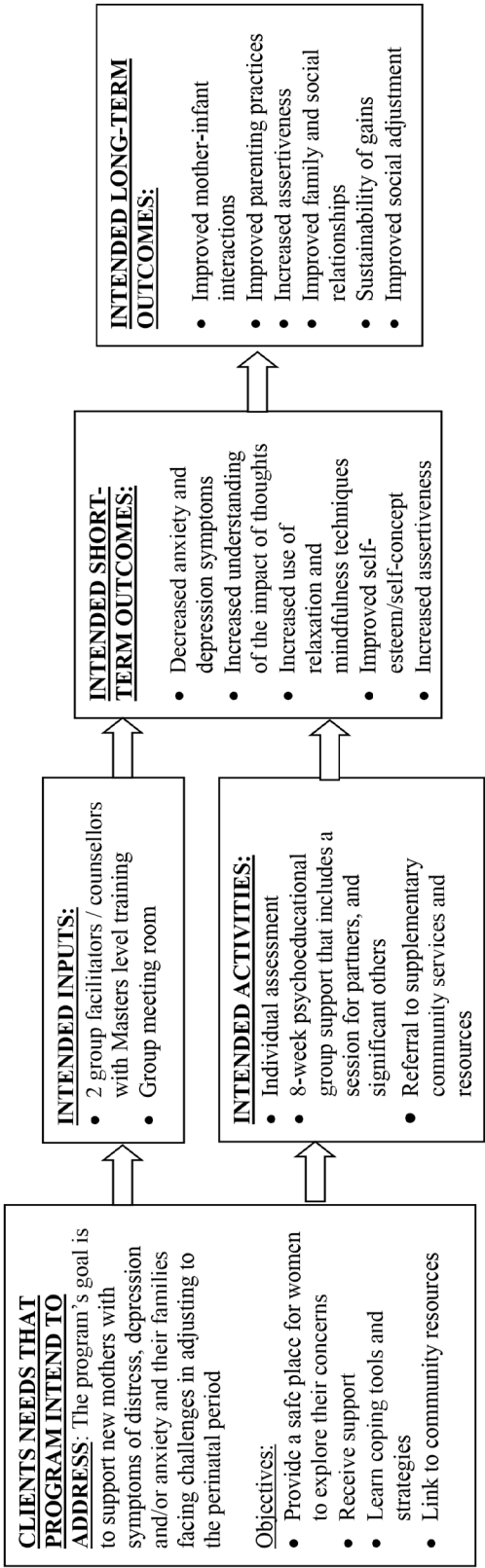
This brief report describes a group psychoeducational program for women reporting PPD symptoms of mild to moderate severity and presents findings from an evaluation of the outcomes associated with the implementation of two groups. Figure 1 presents a program logic model for the MOMs group.

The goal of the group offered by Family Services Ottawa (FSO) is to support mothers with symptoms of distress, depression, and/or anxiety and their family who are facing challenges in adjusting to the perinatal period by using multiple modalities of therapeutic interventions. An eight-week structured psychoeducational group is offered once a week for two hours to mothers with symptoms of PPD and anxiety by two group facilitators.

The foci of each session are specific and include the following: (a) session 1—Introduction of PPD; (b) session 2—Bio-Psycho-Social Model, and Nurturing Activities; (c) session 3—Self-Talk/Cognitive Distortions; (d) session 4—Feelings/Identity; (e) session 5—Parenting and Attachment Messages; (f) session 6—Communication/Assertiveness; (g) session 7—Relationships; and (h) session 8—End of Group/Celebration.

Overall, each session follows the same structure: (a) welcome/centering, (b) check-in and review of homework, (c) overview of the session, (d) session's content, (e) assignment homework, and (f) check-out. Group programs are offered three times a year from September to June. A session within the program is also

Figure 1
Program Logic Model of the MOMs Group



offered to spouses, partners, and/or friends to encourage discussion and use of the material covered in the MOMs group. Since 2009, the program has enrolled approximately 240 mothers and 200 fathers or co-parent.

METHODOLOGY

During the intake meeting that a facilitator usually has with each mother to assess their eligibility in the group, the mothers were also asked if they were interested in participating in the evaluation project. Consent was obtained verbally and documented in the mother's file by the group facilitator. In addition to being an active member of the MOMs group, mothers had to fill out the Edinburgh Postnatal Depression Scale (EPDS). Approval of the methodology was obtained from the Health Sciences and Science Research Ethics Board at the University of Ottawa (H-06-20-5714-SEC-5714).

The EPDS is a self-rated measure specifically designed to screen for postpartum depression in community samples. The ten items of the scale include questions related to maternal feelings during the past seven days and refer to depressed mood, anhedonia, guilt, anxiety, and suicidal ideation. It takes between five to ten minutes to complete. The EPDS has also been shown to have satisfactory sensitivity and specificity as well as being sensitive to change with the severity of depression over time (Cox et al., 1987). In addition, the questionnaire has demonstrated similarly good psychometric properties with women from low- and middle-income countries (Shrestha, et al., 2016).

RESULTS

The outcomes of two MOMs groups were evaluated together ($n_1 = 7$; $n_2 = 7$). Pre-post changes in the EPDS were examined with the administration occurring before the start of the first session ($n_{1s} = 11$), before the start of the fourth ($n_{4s} = 13$) session and at the end of the eighth ($n_{8s} = 11$) and last session. Paired-sample *t*-tests examined pre- and post- differences and Cohen's *d* was calculated to determine the effect size.

Participants obtained lower scores at the fourth session ($M = 17.73$, $SD = 5.90$) as opposed to the first session ($M = 20.09$; $SD = 4.47$); lower scores at the eighth session ($M = 14.31$; $SD = 6.61$) as opposed to the first session ($M = 19.46$; $SD = 4.47$); and lower scores at the eighth session ($M = 15.09$; $SD = 6.40$) as opposed to the fourth session.

The scores at the fourth session elicited a statistically significant mean decrease, $t(10) = -2.55$, $p < 0.05$, $d = -0.77$ [-1.43 ; -0.08] compared to the first session; scores at the eighth session elicited a statistically significant mean decrease, $t(12) = -4.83$, $p < 0.01$, $d = -1.34$ [-2.08 ; -0.57] compared to the first session; and scores at the eighth session elicited a statistically significant mean decrease, $t(10) = -3.12$, $p < 0.05$, $d = -0.94$ [-1.64 ; -0.21] compared to the first session.

IMPLICATIONS AND FUTURE DIRECTIONS

The purpose of this study was to assess whether the psychoeducational program was effective in providing support to the participants. Overall, the results showed there was a decrease in the severity of depressive symptoms for mothers in the group program. The effect size for decreases in symptom severity over the eight weeks of group participation was found to be large. In other words, it appears the psychological intervention helped these participants to significantly reduce their emotional distress in the context of having a newborn baby.

There are several psychological and psychosocial treatment possibilities for women with PPD that have been evaluated as interventions (e.g., peer support, group therapy, individual therapy). Often, these options will focus on one type of intervention particularly (e.g., psychoeducation, psychotherapy). The MOMs group distinguishes itself as a program that incorporates different types of interventions (i.e., psychoeducation, group therapy, and partner support), which allows it, by default, to be more holistic. In addition, these groups are facilitated by service providers with an expertise in this area. Consequently, these professionals can adjust, adapt, and modify the intervention course with their participants, which will ultimately accommodate the needs for each participant within the group. This is not always the case with other interventions available (e.g., peer support).

Undoubtedly, participation in the MOMs group is associated with improvements for these new mothers, by providing an environment where they can understand their experiences and learn strategies to increase their well-being. In addition, the group provides an environment that allows validation among peers. In terms of future direction, participants in the MOMs group should be followed up to 12 months following the ending of the group with the intention to assess the sustainability of improvements following the end of the group.

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